

BASIC PREMISES

- The community is the client.
- Each part of CORE Public Health Activities becomes an assignment in the day to day jobs of local staff.
- CORE Public Health is essential and independent of Medicaid Managed Care, although inter-related.
- Clinical services, other than federal specified categorically funded, should be based on "need" identified in assessment of community.
- In population focused community based health care, activities may target individuals, families, special high-risk groups or even the community as a whole.
- Assessment is the basis for Health Policy and Assurance. (Problem Identification)
- Enforcement of regulations, in this model, is the most concrete activity. It consists of the "Public Health Laws" we must enforce.
- Surveillance, in this model, is "passive" with more "active" CORE Public Health Activities dealing with the identified problems.
- Regulations and Surveillance information basically drive Communicable Disease Control, Public Health Policy, Public Health Education and Risk Reduction.
- The Public Health Policy "Activity" is contained throughout the transition document and identifies broad categories of public health to which the seven "functions" are to be applied.
- The Health Policy Development "Function" is the objectives, whether established statewide or locally determined, that assists in the development of a local agency's assurance role.
- Assurance, at this time, reflects (Methods) making sure needed health care is provided, either through direct care or arrangement/referral to identified providers of the specific health care.
- The Public Health Continuum contains an additional four (4) functions:
 - Evaluation
 - Quality Assurance
 - Competency / Training
 - New Insights / InnovationsWhen applied to each of the CORE Public Health Activities, they complete the cyclic dynamic on-going responsibilities of public health.

AGE GROUPS*

Preconceptional / Antenatal
Infant / Early Childhood (Birth to 5 Years)
School-Age Child (6 years to 10 years)
Pre-teen / Teen (11 years to 18 years)
Young Adult / Adult (19 years to 49 years)
Older Adult / Elderly (50 years +)

SPECIAL POPULATIONS*

All communities contain individuals or groups of individuals whose genetics, culture or lifestyle practices may place them at risk. These groups will be addressed as part of the community as a whole.

*All age groups and special populations must be considered for each CORE Public Health Activity in each CORE Public Health Function.

OPPORTUNITIES

- PLAN THAT ADDRESSES ALL OF CORE PUBLIC HEALTH
- SIMPLE, CONCRETE YET SYSTEMATIC DESIGN
- DIRECT LINK WITH DAILY ACTIVITIES OF LOCAL STAFF
- ASSIGNMENTS OF STAFF JOBS IN THE HEALTH DEPARTMENTS
- LINK WITH TIME / CODING
- LINK WITH BUDGET
- POSSIBILITY OF OBTAINING AGGREGATE INFORMATION
- LINK WITH COST OF CORE PUBLIC HEALTH FUNCTIONS
- POSSIBILITY OF AUTOMATION OF "PROCESS"
- POSSIBILITY OF COMPUTER PROGRAM TO DRIVE "PROCESS"
(I.E. EDITS OF RATES / % OUTSIDE PRE-DETERMINED RANGES)

I. ASSESSMENT

ASSESSMENT

A. ENFORCEMENT OF PUBLIC HEALTH REGULATION

(1.) ENVIRONMENTAL

	Copy of Current KRS / KAR		Compliance with Law (Health Dept)		Adequate (Community)		Comments	
	Yes	No	Yes	No	Yes	No		
(a.) Food								
•Permitted Establishments								
•Response to Public Request								
(b.) Public Facilities								
•School Sanitation								
•Swimming Pools								
•Hotel / Motel								
•Mobile Home/RV Park								
•Tattoo Parlor								
•Boarding Homes								
•Septic Tank Service								
•Youth Camps								
•Plan Submission								
(c.) General Sanitation								
•Response to Complaints								
•Surveillance of Potential Health Hazards								
•Rabies Control								
(d.) On-site								
(e.) Optional Local Programs								

(2.) MEDICAL

	Copy of Current KRS / KAR		Compliance with Law (Health Dept)		Adequate (Community)		Comments	
	Yes	No	Yes	No	Yes	No		
(a.) Communicable Disease								
•Disease surveillance								
•Inspections and control procedures								
•Surveillance and screening of carriers and selected groups								
•Control procedures; applications								
•Immunization schedules								
•Rabies control								
•Sexually transmitted diseases								
•Tuberculosis detection, prevention, and control								
•HIV test counseling								
•HIV education, initial professional licensure								
•HIV education, continuing education for professionals								
(b.) Maternal and Child Health								
•Newborn screening for inborn errors of metabolism and other inherited disorders								
•Special supplemental food program for Women, Infants and Children (WIC)								
•KY Family Planning Program								
•Lead poisoning prevention								
•Maternal and child health services								

(3.) VITAL STATISTICS

	Copy of Current KRS / KAR		Compliance with Law (Health Dept)		Adequate (Community)		Comments	
	Yes	No	Yes	No	Yes	No		
(a.) Registrar / Deputy Registrar								
(b.) Births								
(c.) Fetal Deaths								
(d.) Deaths								
(e.) Open Records								

LEGEND

B. SURVEILLANCE

Assessment

- (1.) Protection/Sentinel (Requires Timely Response)
 - (a.) Contact Pat Beeler, Surveillance and Investigation, 502-564-3418
 - (b.) Contact Dr. Palmer, Communicable Disease, 502-564-3261
 - (c.) Contact Linda Daley, State Lab, 502-564-4446
 - (d.) Bob Calhoun, Manager, Emergency Medical Service Branch, 502-564-8963 and/or Internet <http://chsdphweb/index.htm>
- (2.) Health Promotion/Education/Risk Reduction
 - (a.) Health Behavior Trends, 1991 - 1993, KY Lifestyles (BRFS)
Health Behavior Trends, 1994 - 1996, KY Lifestyles (BRFS)
 - (b.) Contact David Marlette, 502-564-2154
 - (c.) Health Behavior Trends, 1994 - 1996, KY Lifestyles (BRFS)
 - (d.) 1997 KY Department of Education, Youth Risk Behavior Survey Report
 - (e.) As indicated
 - (f.) Health Behavior Trends, 1994 - 1996, KY Lifestyles (BRFS)
 - (g.) KY County Health Profiles, 1995
KY County Health Profiles, 1996
 - Average percent of missed days of work - Contact Charlie Kendall, Health Policy Development, 502-564 9592
 - Education data - 1990 Census
 - Average number missed days of school - Contact your county Board of Education office
 - % adult illiteracy - To determine this number add - Less than 9th grade with 9th to 12th grade no diploma
 - (h.) Per County
 - (i.) KY County Health Profiles, 1995
KY County Health Profiles, 1996
 - (j.) KY County Health Profiles, 1995
KY County Health Profiles, 1996
 - (k.) KY County Health Profiles, 1995
KY County Health Profiles, 1996
 - (l.) KY County Health Profiles, 1995
KY County Health Profiles, 1996
 - (m.) KY Ambient Air Quality Annual Report, 1997
- (3.) Prevention of Disease/Disability/Premature Death
 - (a.) Data not yet available - Linda Lancaster and/or Lorie Chestnut will be providing this data when it becomes available
 - (b.) Contact Linda Fritz-Hornsby, 502-564-2154
 - (c.) KY Fatality Data (< 18 years) available from KY Injury Prevention and Research Center, 333 Waller Avenue, Suite 202, Lexington, KY 40505-2915, contact Susan Pollock, M.D. or Kathy Adams, R. N., 606-257-6749.
 - (d.) KY County Health Profiles, 1995
KY County Health Profiles, 1996
 - (e.) Contact Ann Johnson, Pediatric Clinical Section, Clinical Health Branch, Division of Adult and Child Health, 502-564-2154.
 - (f.) 1996 Cancer Incidence Report prepared by the KY Cancer Registry a division of the KY Cancer Program.
 - (g.) KY Annual Vital Statistics Report, 1995
KY Annual Vital Statistics Report, 1996
KY County Health Profiles, 1995
KY County Health Profiles, 1996

B. SURVEILLANCE

Assessment

(1.) PROTECTION / SENTINEL (REQUIRES TIMELY RESPONSE)

(a.) Reportable Disease Cases (EPI 200 Rev. 5/97)	97 - KY	98 - KY	97 - ADD	98 - ADD	97 - CO	98 - CO
•Total - State/County						
•Vaccine Preventable Diseases - State/County	129					
•Trend over 5 years - State/County						
(b.) Immunizations for Children	96 - KY	97 - KY	96 - ADD	97 - ADD	96 - CO	97 - CO
•Two year olds (prior to 3rd birthday) - Health department only*	91.0%*	92.8%*				
•Two year olds (prior to 3rd birthday) - Total including private	79.0%	81.0%				
•School entry	96.8%	95.4%				
•Immunization Registry YES / NO	No	No				
(c.) Newborn Metabolic Screening	95 - KY	96 - KY	95 - ADD	96 - ADD	95 - CO	96 - CO
•Repeats due to specimen obtained < 48 hrs		15,600				
•Repeats due to specimen unsatisfactory		4,250				
(d.) KY Emergency Medical Services						
•Basic Life Support (EMT) YES / NO						
•Advanced Life Support (Paramedic) YES / NO						

*Vaccine Assessment Results (health department only)
Some immunizations reported by calendar year

B. SURVEILLANCE

Assessment

(2.) HEALTH PROMOTION / EDUCATION / RISK REDUCTION

(a.) Behavioral Risk Factors	91-93 KY	94-96 KY	91-93 ADD	94-96 ADD	95 CO	96 CO
• Smoking	29.2%	29.4%				
• Sedentary lifestyle	64.4%	68.3%				
• Overweight	27.1%	29.9%				
• Nutrition		17.4%				
• Alcohol						
- Acute drinking	10.2%	9.2%				
- Chronic drinking	2.6%	2.7%				
- Drinking and driving	1.3%	0.5%				
• Seatbelt non-use	34.3%	34.3%				
(b.) Child Risk Factors						
• Safety seats/child restraints non-use						
• Children's helmets non-use						
(c.) Immunizations for Adults						
• 65 and older - no flu shot		42.2%				
• 65 and older - no pneumonia shot		70.3%				

B. SURVEILLANCE

Assessment

(2.) HEALTH PROMOTION / EDUCATION / RISK REDUCTION - Continued

(d.) Youth Risk Behavioral Survey Results - 1997 Report	<p>The 84-item multiple choice Youth Risk Behavior Survey (YRBS) was administered to 1,465 students in 48 public high schools in Kentucky during the spring of 1997. The school response rate was 72%, and the student response rate was 86%. Survey administration procedures were designed to help protect the privacy and confidentiality of all participating students. Student participation was voluntary.</p> <p>The students who participated in the survey are representative of students in Kentucky. The results can be used to make important inferences concerning the health-risk behaviors of all Kentucky public high school students in grades 9 through 12.</p>
•Behaviors that result in intentional/unintentional injuries	
•Tobacco use	
•Alcohol/other drug use	
•Sexual behaviors that result in HIV infection/other STD's	
•Dietary behaviors	
•Physical activity	
(e.) Women's Health Issues	<p>Although the "Top 10" Women's Health Issues do not mirror the top ten causes of mortality in women, the fact that women are calling an "800" line to make inquiries demonstrates their readiness for health information on these subjects.</p>
•Hysterectomy	
•PMS	
•Cancer of Cervix	
•Osteoporosis	
•HP Virus Infection	
•Eating Disorders	
•Skin Cancer	
•Menopause	
•Kidney Disease	
•Communicable Disease	

B. SURVEILLANCE

Assessment

(2.) HEALTH PROMOTION / EDUCATION / RISK REDUCTION - Continued

(f.) Health Screenings	<p>Studies have shown that certain lifestyle behaviors are risk factors for disability and premature death.</p> <p>The Kentucky Behavioral Risk Factor Surveillance System is an ongoing program conducted by the Department for Public Health in cooperation with the Centers for Disease Control and Prevention (CDC).</p> <p>Data from the report will be useful for planning and supporting risk reduction and disease prevention programs at state and local levels, and for monitoring progress toward achieving the health objectives in the document <i>Healthy Kentuckians 2000</i>, a framework to optimize the health of all Kentuckians.</p> <p>These six health screenings are traditionally provided in public health departments. Although the number of health screenings conducted in your community is not indicative of the prevalence of disease, a review of the availability of these health screenings should be included as a part of the assessment.</p>
•Hypertension	
•Mammograms - 40 and older	
•Mammograms - 50 or older	
•Cervical cancer screening - Ever	
•Cervical cancer screening Past 3 years	
•Colorectal screening	
•Cholesterol screening - Ever	
•Cholesterol screening - Past 5 years	
•Diabetes	

B. SURVEILLANCE

Assessment

(2.) HEALTH PROMOTION / EDUCATION / RISK REDUCTION - Continued

(g.) Socio-economic Indicators	95 - KY	96 - KY	95 - ADD	96 - ADD	95 - CO	96 - CO
•Population per primary care provider	1,784	1,775				
•Medicaid eligible FY - Number	533,124	528,176				
•Medicaid eligible FY - % of total population	13.8%	13.6%				
•Medicaid recipients - unduplicated	332,982	298,658				
•Percent below poverty level	19.0%*	19.6% [^]				
•Percent unemployed	5.4%	5.6%				
•Average percent of missed days of work						
•Education	KY #	KY %	ADD #	ADD %	CO #	CO %
- Total persons 25 and older - 1990>	2,333,833	-				
Less than 9th grade	422,579	19.0				
9th to 12th grade - no diploma	383,278	16.4				
High school graduate	741,012	31.8				
Some college, no degree	354,227	15.2				
College Degree	412,737	17.7				
- Dropout rate	3.6'	3.9"				
- Average number missed days of school						
- % adult illiteracy	805,857	35.4				

*1989 data [^]1993 data
>Latest data available
'1994 data "1995 data

B. SURVEILLANCE

Assessment

(2.) HEALTH PROMOTION / EDUCATION / RISK REDUCTION - Continued

(h.) Day Care/Supervision Availability	95 - KY	96 - KY	95 - ADD	96 - ADD	95 - CO	96 - CO
•Adult daycare/activity centers YES / NO						
•Child care/daycare YES / NO						
•After-school activity center/activities YES / NO						
(i.) Abuse Prevention to General Public	95 - KY	96 - KY	95 - ADD	96 - ADD	95 - CO	96 - CO
•Adult abuse - substantiated incidents	#	#	#	#	#	#
- Adult abuse	11,521	11,254				
- Spouse abuse	15,899	14,679				
- Neglect by caretaker	921	906				
- Self Neglect	1,833	1,861				
- Exploitation	411	397				
•Child abuse and neglect - substantiated incidents						
- Physical abuse	7,265	7,132				
- Sexual abuse	2,315	2,042				
- Neglect	17,651	16,998				

B. SURVEILLANCE

Assessment

(2.) HEALTH PROMOTION / EDUCATION / RISK REDUCTION - Continued

(j.) Mental Health	95 - KY	96 - KY	95 - ADD	96 - ADD	95 - CO	96 - CO
•CMHC mental health clients Age < 18	28,419					
•CMHC mental health clients total	86,710					
•CMHC mental retardation clients Age < 18	4,160					
•CMHC mental retardation clients total	8,309					
(k.) Violent Crimes - Occurrence						
•Homicide	263	237				
•Rape	1,272	1,307				
•Assault	8,311	8,589				
•Robbery	3,937	4,271				

CMHC - Comprehensive Mental Health Clinic

B. SURVEILLANCE

Assessment

(2.) HEALTH PROMOTION / EDUCATION / RISK REDUCTION - Continued

(l.) Motor Vehicle Crashes - Occurrence	95 - KY	96 - KY	95 - ADD	96 - ADD	95 - CO	96 - CO
•Total crashes	127,653	134,558				
•Fatal injury crashes	739	738				
- Involving drinking driver	236	242				
•Non-fatal injury crashes	35,916	36,434				
- Involving drinking driver	3,048	2,955				
•Persons killed	856	846				
- Involving drinking driver	278	256				
•Persons injured	55,465	55,909				
- Involving drinking driver	4,741	4,637				
(m.) Air Quality	<p>The state has operated an air quality monitoring network since July 1967. The current network includes 121 monitors in 34 counties.</p> <p>Monitoring data is used in several ways. The data is used to demonstrate compliance with and/or progress made toward meeting ambient air quality standards and to identify pollution trends. The data is also used to evaluate public health impacts and the possible need to initiate emergency control procedures.</p> <p>The public has access to the information through this annual report and, on a daily basis, through the toll-free air quality index message number: 1-800-AIR-IN-KY. This is a 24-hour toll-free report on Kentucky's air quality.</p> <p><i>Kentucky Ambient Air Quality Annual Report 1997</i></p>					
(n.) Oral Disease Prevention	96 - KY	97 - KY	96 - ADD	97 - ADD	96 - CO	97 - CO
•% not consuming fluoridated water (all ages)	12%	10%				
•Dental sealants (pediatric)	<p>Sealants have been proven to reduce occlusal decay by more than 80% when applied correctly and followed periodically (every year). In addition to the cost benefit ratio of 1:3 (\$3.00 savings in dental treatment for every \$1.00 spent), oral health must be considered in the total preventive health assessment of a child.</p>					